

**REQUEST FOR TAX PAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

Document Type: Initial Entry [] Revision []

VENDOR/PAYEE ID: _____ SUFFIX: __

VENDOR/PAYEE NAME:

REMIT TO ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

Please answer the four questions below and sign at bottom. Incomplete forms will delay payment.

- | | |
|---|---|
| A. The vendor/payee ID number provided above is:
Federal ID# [] Social Security # [] | C. Is a medical or legal service ever
provided by vendor: Yes [] No [] |
| B. Is vendor/payee incorporated:
Yes [] No [] | D. Is vendor/payee an employee
of Nassau County: Yes [] No [] |

Certification-Under penalties of perjury, I certify that: (1) The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding. (3) The information provided on this form is correct to the best of my knowledge.

Certification Instructions-You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on you tax return. For real estate transactions, item (2) does not apply. *The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.*

Please Sign Here _____
Print Name Here _____ Date _____
Title _____ Email Address _____ Phone # _____ Fax # _____

Official Use Only

Form Submitted By: _____ (Name)
_____ (NC Department)

TYPE: **V** or **E** or **R** ADMIN ST: **P** IND: **R** FTAX/SSN IND: **F** or **S** RESTRD: **N** 1099 REPORT: **Y** or **N**

Nassau County Comptroller- Vendor Claims Section
240 Old Country Road
Mineola, NY 11501

FORM#700-W9